



Commonwealth of Massachusetts
Division of Professional Licensure
239 Causeway Street • Boston, Massachusetts 02114

Executive Director
Board of State
Examiners of
Electricians

Board of State Examiners of Electricians
(617)727-9931, [www..ma.us/dpllboards/el](http://www.ma.us/dpllboards/el)

Richard A. Fredette

AFFIDAVIT OF CONTINUING EDUCATION
for
PROVIDERS

For renewal of Continuing Education Courses taught inside/outside Massachusetts

In connection with my position as a continuing education course Provider and in furtherance of the Massachusetts Board of State Examiners of Electricians' Mandatory Continuing Education requirements as established in 237 CMR 17.01 and 17.02

I, _____, individually, or on behalf of _____
(Print Name of Provider) (Name of Institution or Vocational School or Association if applicable)

(Hereinafter referred to as "Provider"), acknowledge the following to be factual, accurate and true:

- I. I have a current electrician's license (s) in good standing issued to me by the licensing board in the state of _____. License # _____.
- II. My Instructor (s) has a current electrician's license(s) in good standing issued by the licensing board in the state of _____.
- III. All of my instructors are registered under my provider-ship with the Massachusetts Board of State Examiners of Electricians.
- IV. I understand as a Provider I am responsible for the security of all materials provided by the Massachusetts Board of State Examiners of Electricians, including but not limited to any Board-provided certificates, completion dates, actuate records, C/D program, which pertain to the mandatory continuing education requirements or Professional Development.
- V. I understand as a Provider that no certificate or other Board- provided materials will be issued to any licensee of the Board who has not completed the mandatory continuing education requirements as provided in 237 CMR 17.01 and 17.02.
- VI. I understand as a Provider that certificates of completion and dat files are not to be altered, modified, or changed without the written approval of the Board.
- VII. I understand as a Provider that manual dat entries are only allowed for those individuals that are not licensed by this board.
- VIII. I understand as a Provider that for those individuals that are not licensed by this board a dat file shall not be sent to the board for processing for those individuals.
- IX. I understand as a Provider that certificates of completion shall be issued to any licensee, apprentice or individual who has SUCCESSFULLY completed a Continuing Education or Professional Development program.

- X. I understand as a Provider that the date entered on the certificates of completion or dat files shall be the actual date of completion of a course.
- XI. I understand as a Provider that it is my responsibility to update my and maintain a current email address with the board
- XII. I understand as a Provider that it is my responsibility for requesting an updated database from the board and that such request must be made no earlier than 30-days of any scheduled course date.
- XIII. I understand as a Provider that I may be immediately removed from the providership program if it has been determined by the Board that I have not complied specifically with the provisions herein that could disqualify a licensed individual from receiving his or her renewal license within the renewal period.
- XIV. I understand as a Provider that certificates of completion are not to be issued to any licensee, apprentice or individual who has not completed the Mandatory Continuing Education or Professional Development requirements as provided in 237 CMR 17.01 and 17.02.
- XV. I understand as a Provider that the commonwealth may recover and be compensated for any expenses that I caused due to any errors or omissions on my behalf.
- XVI. I understand as a Provider that the unauthorized issuance of Board-provided materials may be grounds for discipline as those terms are used in M.G.L. c. 112, s. 61. Such conduct may be grounds for the Massachusetts Board of State Examiners of Electricians to initiate formal disciplinary action which may result in the suspension or revocation of any license and privileges associated with any pin number issued to me as a Provider, either individually or to the institution or vocational school or the association set forth above, by said Board.
- XVII. As a Provider I acknowledge that I have read, understand and agree to comply with all requirements contained herein. In addition, I acknowledge that I have attended, completed and understand that any uncertainties, clarifications or questions that I may have with regards the continuing education or professional developments process will be referred to the board prior to my implementation of any provider policy.
- XVIII. I understand as a Provider that where a dispute regarding any requirements contained herein occurs; a determination shall be made by the Board. Such request shall be made in writing, within 30-days of the dispute, to the Board of State Examiners of Electricians.
- XIX. I understand as a Provider that all prior decisions of the Board inconsistent with the above policy are superseded by this policy.

Signed under the pains and penalties of perjury,

Signature of Provider

Date _____

Authorized signature of the Board

Date _____